

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEDERAL ELECTION COMMISSION
2015 APR 15 AM 9:55
15 APR 15 PM 3:13

1. (a) Name of Individual, Organization or Corporation

ALBERT HOWARD FOR SENATE

(b) Address (number and street)

☐ check if different than previously reported

1565 E 21ST ST.

(c) City, State and ZIP Code

LOS ANGELES CA 90011

2. Occupation and Name of Employer (for Individual Filers Only)

3. FEC Identification Number

C 0 0 5 7 4 2 8 5

4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

MM / DD / YYYY

5. COVERING PERIOD:

FROM

MM / DD / YYYY

THROUGH

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....

0 0 0

7. TOTAL INDEPENDENT EXPENDITURES

0 0 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

INGRID HOWARD

SIGNATURE



DATE

04-13-15

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

15020130827

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

ALBERT HOWARD FOR SENATE

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Amount

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Amount

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Amount

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures...

Amount

(b) SUBTOTAL of Unitemized Independent Expenditures...

Amount

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

Amount

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

ALBERT HOWARD FOR SENATE

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

SUBTOTAL of Receipts This Page (optional) ...

0 0 0

TOTAL This Period (last page carry total to Line 6) ...

0 0 0

FedEx

Express

THU 16:30 0501 04:15
RT FZ



FedEx carbon-neutral
envelope shipping

ORIGIN ID: JBPB (818) 392-4823
ALBERT HOWARD
1565 E 21ST ST
LOS ANGELES, CA 90011
UNITED STATES US

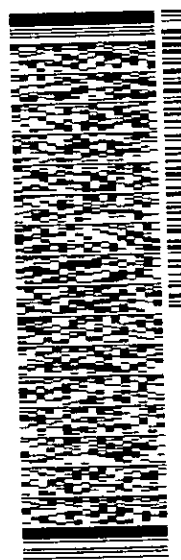
SHIP DATE: 13APR15
ACTWT: 0.1 LB
CRD: 006594043/SSFE1601

TO FEDERAL ELECTION COMMISSION

999 E ST NW

WASHINGTON DC 20463

(000) 000-0000 REF: DEPT:



TRK# 7804 9270 0501

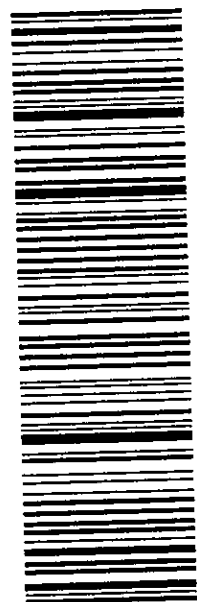
THU - 16 APR AA

EXPRESS SAVER

SK RDVA

DC-US IAD

20463



SECURITY

02802102051

RECEIVED
FEC MAIL CENTER
2015 APR 15 AM 9:59

Part # 156297-435 RITZ 12/14

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	4/13/15	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION 4/15/15
Date of Receipt

POSTMARK ILLEGIBLE ☐ POSTMARK ☐

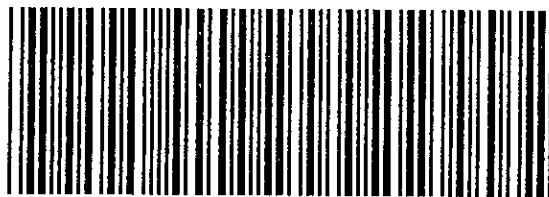
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-15-15

2/28/2015

15020130831



SEN PATCH



SEN PATCH

/

15020130832